

APPLICATION
Architect Registration Examination Financial Assistance Fund (AREFAF)

The Architect Registration Examination Financial Assistance Fund (AREFAF) was established by the 76th Texas Legislature to provide financial assistance to Texas ARE Candidates. In order to qualify for the one-time \$500 award, applicants must meet certain requirements. Please answer "Yes" or "No" to the following questions:

1. Have you resided in Texas for the 18 months preceding this application? (If "No" you do not yet qualify for the award. You may re-apply once you have met this qualification.) **Yes No**

2. Have you attained passing scores on sections of the ARE for which the combined fees total at least \$500? (If "No" you do not yet qualify for the award. You may re-apply once you have met this qualification.) **Yes No**

3. If you have already completed *all portions* of the ARE, was the last section you passed taken during the 12-month period immediately preceding the date of this application for the AREFAF award? (If you have NOT yet completed all sections of the ARE, answer N/A. If the answer is "No" you do not qualify for the award).

N/A Yes No

4. To qualify for the AREFAF, you must provide a copy of your most recent tax return. We will verify that your return is signed and dated, we will look at your *marital status* as shown on the return, and at the *adjusted gross income*.

- ☐ If your marital status is SINGLE, the adjusted gross income cannot exceed \$52,000.
- ☐ If your marital status is SINGLE HEAD OF HOUSEHOLD, adjusted gross income cannot exceed \$63,500
- ☐ If your marital status is MARRIED, the adjusted gross income cannot exceed \$75,000.

Based on this criteria, does your adjusted gross income fall within these requirements? (If "No" you do not qualify for the award.) **Yes No**

I hereby affirm that all of the information and documentation submitted herewith is true and correct, and I further affirm that I am NOT a member of the Board, an employee of TBAE, a person involved in the administration of the AREFAF, a current or former member of the Texas Legislature, or a family member of any person described in this statement. Additionally, my employer did not pay or provide reimbursement for any portion of the ARE.

Applicant's Signature: _____

Printed Name: _____ Date: _____

Mailing Address: _____

Email Address: _____

Please mail, email or fax this completed form along with a SIGNED and DATED copy of your most recent tax return to:

Mail to: A.R.E. Financial Assistance Fund
Texas Board of Architectural Examiners
P O Box 12337, Austin, TX 78711
Email: exams@tbae.state.tx.us **Fax:** 512/305-8900